

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/03/2016 21:22
Date Of Accident	14/03/2016 15:40
Exact Location Of Accident	TUAS WEST ROAD TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4902R
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97970940

Vehicle Particulars

Manufacturer	HINO
Model	FS1ELKD
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12039930MFCV
Cover Note Number	N.A.

Driver

Name of Driver	LIM CHEE MENG
NRIC No	S7471687C
Date Of Birth	02/02/1974
Occupation	Indoor
Date Of Driving Pass	01/03/1996
Driving Experience	20 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-97970940
Fax Number	
Contact Number	
Email Address	alvin.tan@sembcorp.com

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Other - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Change/cross lane
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

I was stationary waiting for traffic light turn green along TUAS WEST ROAD TOWARDS AYE, when about to move as the traffic light was green suddenly vehicle SJJ4929Z cut onto my lane thus, collided onto my left front portion of my vehicle.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ4929Z
 Vehicle Make/Model/Colour TOYOTA/ COROLLA AXIO/ SILVER
 Details Of Properties NA
 Name of Driver ANG CHEW KIONG
 NRIC/Passport Number S7246680B
 Contact Number NA
 Address NA
 NA
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"); the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes".
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY OFFICER
MUSTAQIM S8437701E

Policyholder's Signature : Date & Time

Driver's Signature (if driver is not the policyholder) : Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

(A) XD4902R

(B) SJJ4929Z

(AYE)

TUAS WEST RD

Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was stationary waiting for traffic light turn green along TUAS WEST ROAD TOWARDS AYE, when about to move as the traffic light was green suddenly vehicle SJJ4929Z cut onto my lane thus, collided onto my left front portion of my vehicle.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

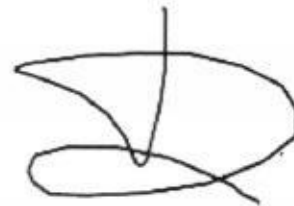
No. Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect.

VERIFIED BY MARS OFFICER - MUSTAQIM,
S8437701E

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

14 March 2016 6:33 pm

Date/Time:

14 March 2016 6:33 pm